

Form **990**



Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2008**

Open to Public Inspection

**A** For the **2008** calendar year, or tax year beginning **01-01-2008** and ending **12-31-2008**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
Eden Medical Center  
  
Doing Business As  
  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
20103 Lake Chabot Road  
  
City or town, state or country, and ZIP + 4  
Castro Valley, CA 94546

**D** Employer identification number

94-2948100

**E** Telephone number

(916) 286-6665

**G** Gross receipts \$ 310,037,864

**F** Name and address of Principal Officer  
GEORGE BISCHALANEY  
20103 LAKE CHABOT ROAD  
CASTRO VALLEY, CA 94546

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** Are all affiliates included? ☐ Yes ☐ No  
(If "No," attach a list See instructions )

**H(c)** Group Exemption Number ▶

**I** Tax-exempt status ☒ 501(c) ( 3 ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**J** Web site: ▶ www.sutterhealth.org

**K** Type of organization ☒ Corporation ☐ trust ☐ association ☐ other ▶

**L** Year of Formation 1885

**M** State of legal domicile CA

## Part I Summary

Activities & Governance

- 1** Briefly describe the organization's mission or most significant activities  
SEE SCHEDULE O
- 2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets
- 3** Number of voting members of the governing body (Part VI, line 1a) . . . . . **3** 10
- 4** Number of independent voting members of the governing body (Part VI, line 1b) . . . . . **4** 8
- 5** Total number of employees (Part V, line 2a) . . . . . **5** 1,936
- 6** Total number of volunteers (estimate if necessary) . . . . . **6** 20
- 7a** Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . . **7a** 946,563
- b** Net unrelated business taxable income from Form 990-T, line 34 . . . . . **7b** 203,712

Revenue

		Prior Year	Current Year
<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	5,717,110	1,362,232
<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	275,370,429	303,948,202
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	626,823	2,145,747
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	2,067,639	1,813,889
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	283,782,001	309,270,070

Expenses

<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	138,638,944	163,772,742
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b>	(Total fundraising expenses, Part IX, column (D), line 25 659,226)		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	126,395,321	125,464,365
<b>18</b>	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	265,034,265	289,237,107
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	18,747,736	20,032,963

Net Assets or Fund Balances

		Beginning of Year	End of Year
<b>20</b>	Total assets (Part X, line 16)	129,215,528	106,342,858
<b>21</b>	Total liabilities (Part X, line 26)	81,913,215	91,576,456
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	47,302,313	14,766,402

## Part II Signature Block

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer 2009-11-03  
Date  
CATHERINE MESSMAN CFO  
Type or print name and title

Paid Preparer's Use Only

Preparer's signature Date  
Firm's name (or yours if self-employed), address, and ZIP + 4  
ERNST & YOUNG US LLP  
2901 DOUGLAS BLVD SUITE 300  
ROSEVILLE, CA 95661  
Preparer's PTIN (See Gen Inst )  
EIN ▶  
Phone no ▶ (916) 218-1900

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . . ☐ Yes ☐ No

**Part III** Statement of Program Service Accomplishments (See the instructions.)

- 1** Briefly describe the organization's mission  
SEE SCHEDULE O

- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O

- 3** Did the organization cease conducting or make significant changes in how it conducts any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O

- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code	) (Expenses \$	267,531,561	including grants of \$	) (Revenue \$	303,948,202 )
	SEE SCHEDULE O					

<b>4b</b>	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
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<b>4c</b>	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
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<b>4d</b>	Other program services (Describe in Schedule O )					
	(Expenses \$		including grants of \$		) (Revenue \$	)

<b>4e</b>	Total program service expenses \$	267,531,561	Must equal Part IX, Line 25, column (B).			
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4</b> Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>4</b>	No
<b>5</b> Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>	<b>9</b>	No
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>	<b>10</b>	No
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable <input checked="" type="checkbox"/>	<b>11</b> Yes	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	<b>12</b>	No
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U S ?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	<b>16</b>	No
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I <input checked="" type="checkbox"/>	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II <input checked="" type="checkbox"/>	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III <input checked="" type="checkbox"/>	<b>19</b>	No
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H <input checked="" type="checkbox"/>	<b>20</b> Yes	
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b>	No
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J <input checked="" type="checkbox"/>	<b>23</b> Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	<b>24a</b>	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I <input checked="" type="checkbox"/>	<b>25a</b>	No
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I <input checked="" type="checkbox"/>	<b>25b</b>	No
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II <input checked="" type="checkbox"/>	<b>26</b>	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III <input checked="" type="checkbox"/>	<b>27</b>	No

**Part IV Checklist of Required Schedules (Continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	Yes	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		No
<b>36</b> 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		No
<b>37</b> Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
<b>1a</b>	193		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>1c</b>			
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
<b>2a</b>	1,936		
<b>b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	Yes	
<b>3a</b>			
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	Yes	
<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		No
<b>4a</b>			
<b>b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>5a</b>			
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>5b</b>			
<b>c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .		
<b>5c</b>			
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		No
<b>6a</b>			
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .	Yes	
<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	Yes	
<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
<b>7d</b>			
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		
<b>7f</b>			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>7g</b>			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>7h</b>			
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>8</b>			
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)****Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
<b>1a</b> Enter the number of voting members of the governing body . . . . .	<b>1a</b>	10
<b>b</b> Enter the number of voting members that are independent . . . . .	<b>1b</b>	8
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	No
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	Yes
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	Yes
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	Yes
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
<b>a</b> the governing body? . . . . .	<b>8a</b>	Yes
<b>b</b> each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	No
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	Yes
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>11</b>	No

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization? . . . . .	<b>15b</b>	Yes
Describe the process in Schedule O		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	Yes
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	Yes

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ own website ☒ another's website ☒ upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  
 GREGG TEKAWA  
 20103 LAKE CHABOT ROAD  
 CASTRO VALLEY, CA 94546  
 (510) 727-8290

## Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D)  Reportable compensation from the organization (W- 2/1099MISC)	(E)  Reportable compensation from related organizations (W- 2/1099- MISC)	(F)  Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total . . . . .</b>								1,873,574	1,997,900	1,055,180

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization: 366

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
REHABCARE CORP PO BOX 502096 ST LOUIS, MO 631502096	MEDICAL SERVICES	2,834,661
ALAMEDA ANESTHESIA ASSOC IN PO BOX 5641 PORTLAND, OR 972285641	MEDICAL SERVICES	2,207,750
PRINCIPAL STAFFING CONSULTANTS 6501 SO FIDDLERS GREEN CIR STE 200 GREENWOOD VILLAGE, CO 80111	MEDICAL SERVICES	1,901,376
SUTTER EAST BAY MEDICAL FND 3687 MT DIABLO BLVD STE 200 LAFAYETTE, CA 94549	MEDICAL SERVICES	1,229,140
HEIT CONSULTING INC 3350 EASTBROOK DR STE 103 FORT COLLINS, CO 80525	IT SERVICES	1,117,275

<b>2</b>	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization . . . . .	
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**Part VII**      **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>				
	<b>b</b>	Membership dues . . . . . <b>1b</b>				
	<b>c</b>	Fundraising events . . . . . <b>1c</b>				
	<b>d</b>	Related organizations . . . . . <b>1d</b> 1,279,658				
	<b>e</b>	Government grants (contributions) <b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 82,574				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$				
	<b>h</b>	<b>Total (Add lines 1a-1f)</b> . . . . .	1,362,232			
<b>Program Service Revenue</b>	<b>2a</b>	PATIENT SERVICE REVENUE				
		Business Code 900,099	304,097,537	304,097,537		
	<b>b</b>	EAST BAY RADIATION				
		Business Code 900,099	-149,335	-149,335		
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b>	All other program service revenue				
<b>g</b>	<b>Total. Add lines 2a-2f</b> . . . . . \$ 303,948,202					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest other similar amounts) . . . . .	2,145,924			2,145,924
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .	0			
	<b>5</b>	Royalties . . . . .	0			
	<b>6a</b>	Gross Rents (i) Real 1,598,251 (ii) Personal				
	<b>b</b>	Less rental expenses 739,452				
	<b>c</b>	Rental income or (loss) 858,799				
	<b>d</b>	Net rental income or (loss) . . . . .	858,799			858,799
	<b>7a</b>	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	<b>b</b>	Less cost or other basis and sales expenses 177				
	<b>c</b>	Gain or (loss) -177				
	<b>d</b>	Net gain or (loss) . . . . .	-177			-177
	<b>8a</b>	Gross income from fundraising events (not including \$ 36,692 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b>				
	<b>b</b>	Less direct expenses . . . . . <b>b</b> 28,165				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .	8,527			8,527
	<b>9a</b>	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . . <b>a</b>				
	<b>b</b>	Less direct expenses . . . . . <b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .	0			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>				
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .	0				
	Miscellaneous Revenue Business Code					
<b>11a</b>	LABORATORY 621,500	746,563		746,563		
<b>b</b>	MANAGEMENT SVCS 541,610	200,000		200,000		
<b>c</b>						
<b>d</b>	All other revenue					
<b>e</b>	<b>Total. Add lines 11a-11d</b> . . . . . \$ 946,563					
<b>12</b>	<b>Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e</b> . . . . .	309,270,070	303,948,202	946,563	3,013,073	

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).****Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
<b>3</b> Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0	0		
<b>4</b> Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	10,334,965	6,784,786	3,436,634	113,545
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b> Other salaries and wages	103,363,341	102,666,420	0	79,078
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	6,974,919	6,802,175	158,300	14,444
<b>9</b> Other employee benefits . . . . .	34,003,739	32,112,384	1,822,059	69,296
<b>10</b> Payroll taxes . . . . .	9,095,778	8,745,336	335,051	15,391
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	1,534,529	1,534,529	0	0
<b>b</b> Legal . . . . .	2,601,996	117,542	2,484,454	0
<b>c</b> Accounting . . . . .	103,659	59,661	29,498	14,500
<b>d</b> Lobbying . . . . .	0	0	0	0
<b>e</b> Professional fundraising See Part IV, line 17 . . . . .	0			0
<b>f</b> Investment management fees . . . . .	75,060	0	75,060	0
<b>g</b> Other . . . . .	1,017,315	982,041	35,274	0
<b>12</b> Advertising and promotion . . . . .	0	0	0	0
<b>13</b> Office expenses . . . . .	30,414,137	30,267,273	121,792	25,072
<b>14</b> Information technology . . . . .	6,408,919	6,408,919	0	0
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	0	0	0	0
<b>17</b> Travel . . . . .	75,743	51,215	23,107	1,421
<b>18</b> Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions and meetings . . . . .	0	0	0	0
<b>20</b> Interest . . . . .	2,121,661	2,121,661	0	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	10,789,090	10,789,090	0	0
<b>23</b> Insurance . . . . .	2,255,211	2,201,606	53,605	
<b>24</b> Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b> BAD DEBT EXPENSE	15,040,165	15,040,165	0	0
<b>b</b> PURCHASED SERVICES	12,313,833	11,961,372	293,397	59,064
<b>c</b> PURCHASED SERVICES MEDICAL	10,200,951	8,648,775	1,552,176	0
<b>d</b> NURSE REGISTRY	5,783,807	2,745,743	3,038,064	0
<b>e</b> EQUIPMENT RENTAL MAINTENANCE	5,634,455	5,309,393	318,086	6,976
<b>f</b> All other expenses	19,093,834	12,181,475	6,651,920	260,439
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	289,237,107	267,531,561	21,046,320	659,226
<b>26</b> <b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	13,293,148	<b>2</b>	5,382,184
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	41,463,314	<b>4</b>	41,403,344
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	5,348,545	<b>8</b>	5,110,478
	<b>9</b> Prepaid expenses and deferred charges . . . . .	486,401	<b>9</b>	677,098
	<b>10a</b> Land, buildings, and equipment cost basis	<b>10a</b> 125,914,420		
	<b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	<b>10b</b> 81,146,330	59,958,963	<b>10c</b> 44,768,090
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities <i>See Part IV, line 11 Complete Part VII of Schedule D</i> . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related <i>See Part IV, line 11 Complete Part VIII of Schedule D</i> . . . . .	3,731,450	<b>13</b>	4,317,644
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets <i>See Part IV, line 11 Complete Part IX of Schedule D</i> . . . . .	4,933,707	<b>15</b>	4,684,020	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	129,215,528	<b>16</b>	106,342,858	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	13,301,579	<b>17</b>	22,718,630
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	64,724,554	<b>20</b>	64,731,935
	<b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>	
	<b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	3,887,082	<b>25</b>	4,125,891
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	81,913,215	<b>26</b>	91,576,456
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	44,630,349	<b>27</b>	11,311,462
	<b>28</b> Temporarily restricted net assets . . . . .	2,671,964	<b>28</b>	3,454,940
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	47,302,313	<b>33</b>	14,766,402	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	129,215,528	<b>34</b>	106,342,858	

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>	No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	No
<b>c</b> If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	<b>2c</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b>	No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b>	



**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3						
<b>5</b> The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total Support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc. (See instructions.)					<b>12</b>	
<b>13 First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
<b>15</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	
<b>16a 33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10% Facts and Circumstances Test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10% Facts and Circumstances Test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8</b> <b>Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> <b>Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14</b> <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	
<b>19a</b> <b>33 1/3% Tests - 2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b</b> <b>33 1/3% Tests - 2007.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20</b> <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

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**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

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**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

**2008****Open to Public  
Inspection**Department of the  
Treasury  
Internal Revenue  
Service▶ Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**Name of the organization**  
Eden Medical Center**Employer identification number**  
94-2948100**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate Contributions to (during year)		
3 Aggregate Grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶	2d
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition      d ☐ Loan or exchange programs  
 b ☐ Scholarly research      e ☐ Other  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ☐  
 b Permanent endowment ☐  
 c Term endowment ☐

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations . . . . .	3a(i)	
(ii) related organizations . . . . .	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .	0	68,126,860	46,330,797	21,796,063
c Leasehold improvements . . . . .	0	193,867	193,867	0
d Equipment . . . . .	0	53,103,787	33,546,676	19,557,111
e Other . . . . .	0	4,489,906	1,074,990	3,414,916
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				44,768,090

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 ) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
THIRD-PARTY SETTLEMENTS	0
UNAMORTIZED FINANCING COSTS	0
OTHER RECEIVABLES	2,798,002
OTHER ASSETS	1,886,018
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
INSURANCE LIABILITIES	2,049,684
OTHER LIABILITIES	2,076,207
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	4,125,891

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
FIN 48 FOOTNOTE FROM AUDIT	PART XIV	In June 2006, the FASB issued Interpretation No 48, Accounting for Uncertainty in Income Taxes (FIN 48). FIN 48 clarifies the accounting for uncertainty in income taxes recognized in financial statements in accordance with FASB Statement No 109, Accounting for Income Taxes. FIN 48 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return and provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. FIN 48 was adopted by Sutter in 2007 and its adoption did not have a material effect on Sutter's combined financial position or results of operations.

## Part XIV Supplemental Information(continued)

[illegible]

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding**  
**Fundraising or Gaming Activities**

OMB No 1545-0047

**2008**

**Open to Public**  
**Inspection**

Department of the  
Treasury  
Internal Revenue  
Service

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Name of the organization  
Eden Medical Center

**Employer identification number**

94-2948100

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations      | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Email solicitations     | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations     | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations |   |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>RUN TO THE LAKE</u> (event type)	 (event type)	<u>0</u> (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	36,692			36,692
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	36,692			36,692
<b>Direct Expenses</b>	<b>4</b> Cash Prizes . . . . .				
	<b>5</b> Non-cash Prizes . . . . .				
	<b>6</b> Rent/Facility costs . . . . .				
	<b>7</b> Other direct expenses . . . . .	28,165			28,165
	<b>8</b> Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶				28,165
	<b>9</b> Net income summary Combine lines 3 and 8 in column (d) . . . . . ▶				8,527

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶				

<b>9</b> Enter the state(s) in which the organization operates gaming activities _____		<b>Yes</b>	<b>No</b>
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>		
<b>b</b> If "No," Explain _____			
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>		
<b>b</b> If "Yes," Explain _____			
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>		
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>		

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ► _____		
	Address ► _____		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
	Name ► _____		
	Address ► _____		
<b>16</b>	Gaming manager information		
	Name ► _____		
	Gaming manager compensation ► \$ _____		
	Description of services provided ► _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>		
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

SCHEDULE H

(Form 990)

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

Name of the organization  
 Eden Medical Center

Employer identification number  
 94-2948100

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a	
b If "Yes," is it a written policy? . . . . .	1b	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals		
<input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care	3a	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____%		
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . .	3b	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____%		
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care	4	
4 Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	5a	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . .	5b	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	5c	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	6a	
6a Does the organization prepare an annual community benefit report? . . . . .	6b	
6b If "Yes," does the organization make it available to the public? . . . . .		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from worksheets 1 and 2) . . . . .						
b Unreimbursed Medicaid (from worksheet 3, column a) . . . . .						
c Unreimbursed costs—other means-tested government programs (from worksheet 3, column b) . . . . .						
d Total Charity Care and Means-Tested Programs . . . . .						
Other Benefits						
e Community health improvement services and community benefit operations (from worksheet 4) . . . . .						
f Health professions education (from worksheet 5) . . . . .						
g Subsidized health services (from worksheet 6) . . . . .						
h Research (from worksheet 7) . . . . .						
i Cash and in-kind contributions to community groups (from worksheet 8) . . . . .						
j Total Other Benefits . . . . .						
k Total (line 7d and 7j) . . . . .						



**Part II Community Building Activities** (Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10</b> Total						

**Part III Bad Debt, Medicare, & Collection Practices** (Optional for 2008)**Section A. Bad Debt Expense**

- 1** Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . . **1**
- 2** Enter the amount of the organization's bad debt expense (at cost) . . . . . **2**
- 3** Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy . . . . . **3**
- 4** Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.

Yes No

**Section B. Medicare**

- 5** Enter total revenue received from Medicare (including DSH and IME) . . . . . **5**
- 6** Enter Medicare allowable costs of care relating to payments on line 5 . . . . . **6**
- 7** Enter line 5 less line 6—surplus or (shortfall) . . . . . **7**
- 8** Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used:
- ☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

- 9a** Does the organization have a written debt collection policy? . . . . . **9a**
- 9b** If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . . **9b**

**Part IV Management Companies and Joint Ventures** (Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				
<b>14</b>				

[illegible]

**Part VI** Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

**2 Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

- 3 Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

- 4 Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

- 5 Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

- 8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2008****Open to Public  
Inspection**Department of the  
Treasury  
Internal Revenue  
Service**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees****▶ Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.****Name of the organization**  
Eden Medical Center**Employer identification number**

94-2948100

**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a**a** Receive a severance payment or change of control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.****5** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

**6** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**a** The organization?**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III.

**7** For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

Yes No

**1b** Yes**2** Yes**4a** No**4b** Yes**4c** No**5a** No**5b** No**6a** No**6b** No**7** Yes**8** No

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
George Bischalaney	(i)	235,446	0	0	0	6,759	242,205	0
	(ii)	146,840	68,100	553	136,827	7,340	359,660	0
Dorothy A McQueen	(i)	231,393	0	0	9,142	11,587	252,122	0
	(ii)	0	0	0	0	0	0	0
Jack Lunsford	(i)	191,345	0	0	7,930	11,587	210,862	0
	(ii)	0	0	0	0	0	0	0
Bernadette Carling	(i)	199,844	0	0	7,874	11,587	219,305	0
	(ii)	0	0	0	0	0	0	0
Nemesia O quando	(i)	192,088	0	0	0	11,587	203,675	0
	(ii)	0	0	0	0	0	0	0
Janice M Ferguson	(i)	197,742	0	0	7,721	11,587	217,050	0
	(ii)	0	0	0	0	0	0	0
Veronica Bayduza	(i)	0	0	0	0	0	0	0
	(ii)	264,749	35,500	1,115	54,160	6,998	362,522	10,166
Ed Berdick	(i)	0	0	0	0	0	0	0
	(ii)	708,910	110,600	15,263	478,077	19,939	1,332,789	0
Gregg Tekawa	(i)	144,366	0	0	0	11,587	155,953	0
	(ii)	0	0	0	0	0	0	0
Rose Corcoran	(i)	122,997	0	0	0	7,047	130,044	0
	(ii)	78,177	0	1,075	39,958	7,000	126,210	0
Bryan Daylor	(i)	133,136	0	0	0	6,811	139,947	0
	(ii)	92,208	0	1,152	45,794	7,252	146,406	0
Todd peterson	(i)	0	0	0	0	0	0	0
	(ii)	194,110	0	0	0	21,112	215,222	0
Peter Eggleton	(i)	0	0	0	0	0	0	0
	(ii)	171,234	27,700	209	38,968	18,473	256,584	0
Debora Hendrickson	(i)	165,203	0	0	0	11,587	176,790	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

[illegible]

## Additional Data

Return to Form

Software ID:  
Software Version:  
EIN: 94-2948100  
Name: Eden Medical Center

## Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
George Bischalaney	(i) 235,446	0	0	0	6,759	242,205	0
	(ii) 146,840	68,100	553	136,827	7,340	359,660	0
Dorothy A McQueen	(i) 231,393	0	0	9,142	11,587	252,122	0
	(ii) 0	0	0	0	0	0	0
Jack Lunsford	(i) 191,345	0	0	7,930	11,587	210,862	0
	(ii) 0	0	0	0	0	0	0
Bernadette Carling	(i) 199,844	0	0	7,874	11,587	219,305	0
	(ii) 0	0	0	0	0	0	0
Nemesia Oquendo	(i) 192,088	0	0	0	11,587	203,675	0
	(ii) 0	0	0	0	0	0	0
Janice M Ferguson	(i) 197,742	0	0	7,721	11,587	217,050	0
	(ii) 0	0	0	0	0	0	0
Veronica Bayduza	(i) 0	0	0	0	0	0	0
	(ii) 264,749	35,500	1,115	54,160	6,998	362,522	10,166
Ed Berdick	(i) 0	0	0	0	0	0	0
	(ii) 708,910	110,600	15,263	478,077	19,939	1,332,789	0
Gregg Tekawa	(i) 144,366	0	0	0	11,587	155,953	0
	(ii) 0	0	0	0	0	0	0
Rose Corcoran	(i) 122,997	0	0	0	7,047	130,044	0
	(ii) 78,177	0	1,075	39,958	7,000	126,210	0
Bryan Daylor	(i) 133,136	0	0	0	6,811	139,947	0
	(ii) 92,208	0	1,152	45,794	7,252	146,406	0
Todd peterson	(i) 0	0	0	0	0	0	0
	(ii) 194,110	0	0	0	21,112	215,222	0
Peter Eggleton	(i) 0	0	0	0	0	0	0
	(ii) 171,234	27,700	209	38,968	18,473	256,584	0
Debora Hendrickson	(i) 165,203	0	0	0	11,587	176,790	0
	(ii) 0	0	0	0	0	0	0

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
RELEVANT INFORMATION REGARDING COMPENSATION ITEMS	PART I, QUESTION 1A	TRAVEL FOR COMPANIONS OFFICERS AND KEY EMPLOYEES PAID BY SUTTER HEALTH ARE ELIGIBLE TO BRING A COMPANION ON ONE BUSINESS TRIP PER CALENDAR YEAR AND HAVE THE COST OF THE AIRFARE AND MEALS PAID FOR BY SUTTER HEALTH. THE COST IS ADDED TO EMPLOYEE'S WAGES. TAX INDEMNIFICATION STANDARD POLICY FOR ALL SUTTER HEALTH EMPLOYEES IS THAT NON-CASH GIFTS AND AWARDS ARE GROSSED-UP FOR TAX PURPOSES. THE AMOUNT OF THE GROSS-UP IS ADDED TO THE EMPLOYEE'S WAGES.
SUPPLEMENTAL COMPENSATION INFORMATION	PART I, QUESTION 3	THE CEO OF THE ORGANIZATION IS AN EMPLOYEE OF SUTTER HEALTH. THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION.
NONQUALIFIED RETIREMENT PLAN	PART I, QUESTION 4B	THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE ADDITIONAL DEFERRED COMPENSATION BENEFITS TO THE PARTICIPANTS, WHO ARE MEMBERS OF A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES, BY PROVIDING FOR THE PAYMENT OF DEFERRED COMPENSATION AFTER THE COMPLETION OF THE SPECIFIED NUMBER OF YEARS OF SERVICE. ANNUALLY, SUTTER HEALTH MAKES A CONTRIBUTION TO EACH PARTICIPANT'S ACCOUNT BASED ON 4% OF BASE PAY. THERE IS AN ADDITIONAL CONTRIBUTION FOR EXECUTIVES WHOSE PENSION ELIGIBLE EARNINGS WERE GREATER THAN THE PENSION PAY CAP IN THE PREVIOUS YEAR. THE CALCULATION IS AS FOLLOWS: * PENSION ELIGIBLE EARNINGS * LESS PENSION PAYCAP AMOUNT * TIMES A SPECIFIC % BASED ON YEARS OF SERVICE. THE PENSION RESTORATION PLAN IS DESIGNED TO HELP MAXIMIZE EACH PARTICIPANT'S RETIREMENT POTENTIAL BY PROVIDING A TARGETED BENEFIT THAT, ALONG WITH EACH PARTICIPANT'S OTHER RETIREMENT INCOME, PROVIDES * 65% OF FINAL 4-YEAR AVERAGE SALARY IF PARTICIPANT RETIRES AT AGE 65 WITH 22.5 YEARS OF SERVICE * 50% OF FINAL 4-YEAR AVERAGE SALARY IF PARTICIPANT RETIRES AT AGE 65 WITH 15 YEARS OF SERVICE. SINCE IT IS A TARGETED BENEFIT, ANNUAL CONTRIBUTION AMOUNTS VARY BASED ON ASSUMPTIONS MADE TAKING INTO ACCOUNT EACH PARTICIPANT'S AGE, YEARS OF SERVICE, AND OTHER RETIREMENT ACCOUNT BALANCES. NAME AND AMOUNT FOR 2008: VERONICA BAYDUZA 11,000; ED BERDICK 162,100; GEORGE BISCHALANEY 32,900; ROSE CORCORAN 7,700; BRYAN DAYLOR 8,700; PETER EGGLETON 6,600.
NON-FIXED PAYMENTS	PART I, QUESTION 7	SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES. THERE ARE NO SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD, BUT THE AMOUNT TENDS TO NEVER EXCEED 5% OF GROSS PAY.





Department of the Treasury Internal Revenue Service  
Name of the organization Sutter Health Center  
Employer identification number 94-2946100

Identifier	Return Reference	Explanation
MISSION STATEMENT	990 Part I Line 1 and Part II, Line 1	WE ENHANCE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE THROUGH EXCELLENCE, COMPASSION AND RESPECT FOR EVERY PERSON

Identifier	Return Reference	Explanation
EXEMPT PURPOSES ACHIEVEMENTS	990, PART A, LINE 4A	EDEN MEDICAL CENTER IS A NOT-FOR-PROFIT, COMMUNITY-BASED MEDICAL CENTER THAT INCLUDES EDEN HOSPITAL, SAN LEANDRO HOSPITAL, LAUREL GROVE HOSPITAL. PHYSICIANS, VOLUNTEERS AND EMPLOYEES OF EDEN MEDICAL CENTER WORK TOGETHER TO ENSURE THAT THE COMMUNITY HAS ACCESS TO EXCEPTIONAL MEDICAL, SURGICAL, PSYCHIATRIC AND REHABILITATIVE SERVICES. THE 300-BED MEDICAL CENTER IS THE REGIONAL TRAUMA CENTER FOR SOUTHERN ALABAMA COUNTY. IS DESIGNATED A COMMUNITY CANCER CENTER BY THE AMERICAN COLLEGE OF SURGEONS AND IS FULLY ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS. AS AN AFFILIATE OF SUTTER HEALTH, EDEN MEDICAL CENTER IS PART OF A NETWORK OF NON-PROFIT HOSPITALS, MEDICAL RESEARCH FACILITIES, HOME HEALTH, HOSPICE AND LONG TERM CARE CENTERS WORKING TOGETHER TO SHARE EXPERTISE AND RESOURCES TO ADVANCE HEALTH CARE QUALITY. EDEN MEDICAL CENTER IS WIDELY RECOGNIZED AS A LEADER IN EMERGENCY AND TRAUMA CARE, ELEVATING THE LEVEL OF CARE IN EVERY SERVICE WE OFFER. IN ADDITION, THE MEDICAL CENTER'S HEALTH EDUCATION CLASSES, SUPPORT GROUPS AND OUTREACH PROGRAMS ARE DESIGNED TO HELP PRESIDENTS OF THE COMMUNITY LIVE HEALTHY, ACTIVE LIVES. AS THE LARGEST EMPLOYER IN THE REGION, EDEN MEDICAL CENTERS LEADERSHIP AND EMPLOYEES RECOGNIZE THEIR RESPONSIBILITY TO BE A RESOURCE TO THE COMMUNITY, TO IMPROVE THE QUALITY OF LIFE AND HELP RESIDENTS AVOID PAIN AND ILLNESS. THE OUTREACH PROGRAMS OFFERED BY THE MEDICAL CENTER SUPPORT SEVERAL CENTERS OF EXCELLENCE. THE SUTTER BAY BAY NEUROSCIENCE CENTER PROVIDES THE MOST ADVANCED MEDICAL AND SURGICAL CARE USING MINIMALLY INVASIVE SURGICAL TECHNIQUES FOR THE TREATMENT OF BRAIN TUMORS, VASCULAR DISORDERS, MOVEMENT DISORDERS, AND SPINAL AND PERIPHERAL NERVE PROBLEMS. AS THE EAST BAY'S ONLY ADULT PSYCHIATRIC PROGRAM BASED IN AN ACUTE CARE HOSPITAL, EDEN'S PSYCHIATRIC SERVICES PROVIDES VOLUNTARY PSYCHIATRIC CARE THAT IS INDIVIDUALIZED, COMPASSIONATE, THERAPEUTIC AND COMMUNITY-BASED. THE SERVICES INCLUDE MENTAL HEALTH ASSESSMENTS, DIAGNOSIS AND TREATMENT FOR ADULTS EXPERIENCING ACUTE BEHAVIORAL AND EMOTIONAL CHALLENGES. THE BAYWOOD COURT SKILLED NURSING FACILITY IS DESIGNED TO ASSIST RESIDENTS IN RECOVERING FROM A MEDICAL CONDITION OR INCIDENT WHICH REQUIRED ACUTE CARE HOSPITALIZATION. BY PROVIDING SKILLED LICENSED NURSING CARE AND/OR A FULL RANGE OF REHABILITATION THERAPY, BAYWOOD COURT RESIDENTS CAN RETURN TO A LONG-TERM FACILITY, ADVANCE INTO ACUTE REHABILITATION THERAPY OR RETURN HOME. ADVANCED RADIOLOGY AND IMAGING SERVICES ARE AVAILABLE AT BOTH THE EDEN AND SAN LEANDRO HOSPITAL CAMPUSES. EDEN'S OUTPATIENT IMAGING CENTER BRINGS MANY OF OUR IMAGING SERVICES TOGETHER IN ONE CONVENIENT LOCATION, IMPROVING ACCESS, SPEED, COMFORT AND PRIVACY FOR PATIENTS. THESE SERVICES INCLUDE MRI, MAMMOGRAPHY, COPIER ULTRASOUND, BONE DENSITOMETRY, NUCLEAR MEDICINE WITH PET CAPABILITIES AND STEREOTACTIC BREAST BODY, COMBINING THE RANGE OF RADIOLOGY AND FLUOROSCOPY PROCEDURES. EDEN IS ALSO HOME TO ADVANCED NEURONTERVENTIONAL RADIOLOGY, FOR THE DIAGNOSIS AND NON-SURGICAL TREATMENT OF ANEURYSMS, VASCULAR STENOSIS, STROKE AND OTHER MAJOR NEUROLOGICAL DISEASES. REHABILITATION SERVICES AT EDEN INCLUDE ACUTE INPATIENT REHABILITATION AS WELL AS OUTPATIENT SERVICES AT EDEN AND AT THE COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORE) IN SAN LEANDRO. THESE SERVICES - PHYSICAL AND OCCUPATIONAL THERAPY, SPEECH THERAPY, SPECIALIZED HAND THERAPY, LYMPHEDEMA SERVICES, PULMONARY REHABILITATION AND POOL THERAPY AND EXERCISE CLASSES - ARE DESIGNED TO RESTORE FUNCTION TO PATIENTS WITH PROBLEMS RANGING FROM SIMPLE MOBILITY ISSUES TO COMPLEX COGNITIVE CONCERNS. EDEN'S LAUREL GROVE ACUTE REHABILITATION FACILITY IS A COMFORTABLE, ATTRACTIVE REHABILITATION HOSPITAL OFFERING PHYSICAL AND COGNITIVE REHABILITATION PROGRAMS DEDICATED EXCLUSIVELY TO TREATING INDIVIDUALS WHO HAVE EXPERIENCED A DISABLING INJURY OR ILLNESS. AS PART OF ITS MISSION AS A NOT-FOR-PROFIT HOSPITAL, EDEN MEDICAL CENTER PROVIDES BENEFIT TO ITS COMMUNITIES IN MANY WAYS, INCLUDING CHARITY CARE, SUBSIDIZED SERVICES, FINANCIAL CONTRIBUTIONS TO LOCAL ORGANIZATIONS, COMMUNITY HEALTH EDUCATION, ABOUT PREVENTION AND TREATMENT OF ACUTE AND CHRONIC DISEASES, AND TRAINING OF COMMUNITY MEMBERS FOR HEALTH PROFESSIONS. IN 2008, EDEN MEDICAL CENTER PROVIDED \$10,069,000 IN ADDITIONAL CHARITY CARE. \$1,000,000 OTHER CARE SERVICES TO THE PEOPLE UNINSURED \$5,425,000 BENEFIT TO THE BROADER COMMUNITY FOR A TOTAL OF \$24,578,000, OR 8% OF NET PATIENT REVENUE.

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	FORM 990, PART VI, LINE 7A	This corporation is an affiliate of Sutter Health, a California nonprofit public benefit corporation. There are two members. Sutter Health is the corporation member with the right to elect at least a majority of the members of the board of directors, and Sutter Health's Healthcare District serves as a Community Member with the right to elect members of the board of directors.

Identifier	Return Reference	Explanation
DESCRIBE CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL, TYPE OF VOTING RIGHTS	FORM 990, PART VI, LINE 7B	Sutter Health as the corporate member of the organization is entitled to exercise fully all rights and privileges of members of nonprofit corporations under the California Nonprofit Public Benefit Corporation Law, and of other applicable law. The corporate member has the rights and powers to appoint (and remove) members of the corporation's board of directors, subject to the provisions of the Bylaws. In addition, the corporate and community members have the right to approve the following actions of the corporation's board of directors: a. An amendment or restatement of the Articles of Incorporation of the Corporation; b. An amendment or restatement of the Bylaws of the Corporation which would materially and adversely affect voting rights of the Community Member; c. A merger, consolidation, reorganization or dissolution of the Corporation; d. Any action that would cause the Corporation to cease to operate as a hospital under the Corporation's control; and e. A sale of all or substantially all of the assets of the Corporation. The foregoing actions or items will require the approval of the General Member prior to implementation or becoming effective. a. Approval of long-term material agreements involving more than One Million Dollars (\$1,000,000.00), including borrowings, equity financings or capitalized leases, and agreements involving the sale or disposition of assets which involve the receipt or payment of more than One Million Dollars (\$1,000,000.00); b. Approval of the Corporation's strategic plan; c. Approval of all amendments to the Corporation's Bylaws which do not materially and adversely affect the voting rights of the Community Member; d. Approval of the Corporation's operating and capital budgets; and e. Approval of its termination as the General Member of the Corporation.

Identifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, QUESTION 10	Sutter Health has a centralized Tax Department responsible for the preparation of the Form 990. Annually the Tax Department provides training and education to affiliate personnel who assist the Tax Department in collecting and reviewing data to be reported on the Form 990. The preparation material is reviewed by various departments including Tax, Finance, Legal, and Human Resources. Additionally, the Chief Financial Officer signs off on this data before the return goes to the preparation stage. A national accounting firm prepares and/or reviews the return. A completed return is then reviewed by the Tax Department and the affiliate with the Chief Financial Officer giving final approval before the return is filed.

Identifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, QUESTION 12	Each individual board member and officer has to sign an acknowledgment form that they have read the policy. Annually a disclosure statement is completed by all officers and board members. On this statement the individual will list a wide range of information which includes business relationships, employment relationships, property interests, and those of related parties. The CEO and Board Chair will review the statements and monitor situations that may pose a potential conflict of interest. The CEO and Board Chair may consult with the Legal Counsel Department as necessary. If there is a potential conflict of interest related to a particular transaction, the interested trustee must disclose the existence and nature of the relationship. The Board Chair may appoint a disinterested person or committee to investigate the conflict. Until the potential conflict is resolved, the Board Chair may request the trustee to leave the room or not participate during related presentations and discussions. In all circumstances involving an actual conflict, the interested trustee shall refrain from voting on any matter related to the transaction.

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, QUESTION 15	THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "MARKET LEADER" DESIGNATING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION. IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL, CALIFORNIA AND LOCAL MARKET AREA COMPENSATION DATA COMPARISONS ARE REVIEWED. COMPETITIVE ANALYSIS INCLUDES: (A) BASE SALARY, (B) TOTAL CASH/BASE SALARY + ANNUAL INCENTIVE(S) AND (C) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM INCENTIVE). THIS ANALYSIS INCLUDES COMPARABLE ORGANIZATIONS AND GEOGRAPHIC CONSIDERATIONS FOR THE MOST SENIOR EXECUTIVE POSITIONS. NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH ARE MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT. ON THE OTHER HAND, BECAUSE CALIFORNIA'S UNDERLYING COMPENSATION STRUCTURE IS HIGHER THAN NATIONAL DATA (ESPECIALLY IN THE BAY AREA), REGIONAL PAY COMPARISONS AND ADJUSTMENTS ARE MADE. ALL OFFICERS OF THE ORGANIZATION (I.E. CEO, CFO, COO) UNDERGO A REVIEW AND BOARD APPROVAL ANNUALLY. KEY EMPLOYEES AND OTHER EXECUTIVES OF SUTTER HEALTH WHO ARE CONSIDERED DISQUALIFIED PERSONS FOR FORM 990 REPORTING PURPOSES ARE HANDLED IN THE SAME MANNER.

Identifier	Return Reference	Explanation
AVAIL. OF GOV. DOCS, CONFLICT OF INTEREST POLICY, & FIN. STATEMENTS TO GEN. PUBLIC	FORM 990, PART VI, QUESTION 16	The Sutter Health system posts its current and past Audited Financial Statements at sutterhealth.org. Other documents are also located at this website including the Annual Report, Mission Statement history, and links to affiliate websites.

Identifier	Return Reference	Explanation
COMPLAINT REVIEW AND AUDIT OF EXPENDITURE ACCOUNTANT	FORM 990, PART XI, QUESTION 2	Annually the Sutter Health system has an audit of combined balance sheets and statements of operations performed by independent auditors. An audit committee selects the auditors and reviews results.

Identifier	Return Reference	Explanation
DESCRIPTIONS OF BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	HARRY DYORSKY, MD, WALTER KRAK, MD, RAJENDRA RATHESAR, MD, CAROLE ROGERS, RN, VIVI SAWANEY, MD, DIRECTORS OF EDEN MEDICAL CENTER. THESE DIRECTORS OF EDEN MEDICAL CENTER ARE ALSO ON THE BOARD OF THE LOCAL GOVERNMENT OF EDEN TOWNSHIP HEALTHCARE DISTRICT (DISTRICT). DURING THE YEAR, THE DISTRICT PAID EDEN MEDICAL CENTER FOR MANAGEMENT SERVICES.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
▶ **See separate instructions.**

**Name of the organization**  
Eden Medical Center

**Employer identification number**

94-2948100

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
SUTTER CONNECT 10470 OLD PLACERVILLE ROAD SACRAMENTO, CA95827 68-0209157	HEALTH CARE ADMIN	CA	SUTTER HEALTH	NONPROFIT CORP			

**Part V Transactions with Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>	Yes	
<b>1i</b>		No
<b>1j</b>	Yes	
<b>1k</b>	Yes	
<b>1l</b>	Yes	
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Software ID:  
Software Version:  
EIN: 94-2948100  
Name: Eden Medical Center

## Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
ADOLESCENT TREATMENT CENTERS INC 390 40TH STREET OAKLAND, CA 94609 68-0088443	HOSPITAL	CA	501(c)(3)	3	SUTTER EBH
ALTA BATES SUMMIT FOUNDATION 2055 TELEGRAPH AVE 601 BERKELEY, CA 94705 51-0160184	FUNDRAISING	CA	501(c)(3)	11a	SUTTER EBH
SUTTER EAST BAY HOSPITALS 2450 ASHBY AVE BERKELEY, CA 94705 94-1196176	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
SUTTER WEST BAY HOSPITALS 2333 BUCHANAN STREET SAN FRANCISCO, CA 94115 94-0562680	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
CALIFORNIA PACIFIC MEDICAL CTR FOUND 1255 POST ST 700 SAN FRANCISCO, CA 94109 94-2728423	FUNDRAISING	CA	501(c)(3)	11a	SUTTER WSH
DELTA MEMORIAL HOSPITAL FOUNDATION 3901 LONE TREE WAY ANTIOCH, CA 94509 94-2417022	FUNDRAISING	CA	501(c)(3)	11a	SUTTER DELTA
EAST BAY PERINATAL CENTER 350 HAWTHORNE AVE OAKLAND, CA 94609 51-0172286	HOSPITAL	CA	501(c)(3)	3	SUTTER EBH
EDEN MEDICAL CENTER 20103 LAKE CHABOT ROAD CASTRO VALLEY, CA 94546 94-2948100	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
MARIN COMMUNITY HEALTH 250 BON AIRE ROAD GREENBRAE, CA 94904 94-2994751	SUPPORTING OR	CA	501(c)(3)	11b	SUTTER HLTH
MARIN GENERAL HOSPITAL 250 BON AIRE ROAD GREENBRAE, CA 94904 94-2622530	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
MEMORIAL HOSPITAL LOS BANOS 520 W I STREET LOS BANOS, CA 93535 94-1531464	HOSPITAL	CA	501(c)(3)	3	SUTTER CVH
SUTTER CENTRAL VALLEY HOSPITALS 1700 COFFEE ROAD MODESTO, CA 95355 94-1080917	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
MILLS-PENINSULA HEALTH SERVICES 1501 TROUSDALE DRIVE BURLINGAME, CA 94010 94-1156265	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
MILLS-PENINSULA HOSPITAL FOUNDATION 1501 TROUSDALE DRIVE BURLINGAME, CA 94010 23-7230765	FUNDRAISING	CA	501(c)(3)	11a	MPHS
MILLS-PENINSULA SENIOR FOCUS 1720 EL CAMINO REAL BURLINGAME, CA 94010 94-2663918	HEALTH CARE	CA	501(c)(3)	9	MPHS
PALO ALTO MEDICAL FOUNDATION 2350 EL CAMINO REAL MOUNTAIN VIEW, CA 94040 94-1156581	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
PALO ALTO MEDICAL FOUNDATION HOSPITAL CO 570 WILLOW ROAD MENLO PARK, CA 94025 94-2206441	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
SUTTER WEST BAY MEDICAL FOUNDATION 1700 CALIFORNIA STREET 530 SAN FRANCISCO, CA 94109 94-2948131	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
SAMUEL HERRITT UNIVERSITY 450 10TH STREET 2840 OAKLAND, CA 94609 94-2992642	UNIVERSITY	CA	501(c)(3)	2	SUTTER EBH
ST LUKE'S HEALTH CARE CENTER 3555 CAESAR CHAVEZ STREET SAN FRANCISCO, CA 94110 51-0201241	HOSPITAL	CA	501(c)(3)	3	SUTTER WSH
SUTTER AMADOR HOSPITAL 200 MISSION BLVD JACKSON, CA 95642 68-0291072	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
SUTTER AUBURN FAITH HOSPITAL FOUNDATION 11015 EDUCATION ST AUBURN, CA 95602 94-2584960	FUNDRAISING	CA	501(c)(3)	7	SUTTER SSR
SUTTER COAST HOSPITAL 800 E WASHINGTON BLVD CRESCENT CITY, CA 95531 94-2988520	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
SUTTER DAVIS HOSPITAL FOUNDATION 2800 SUTTER PLACE DAVIS, CA 95616 68-0217870	FUNDRAISING	CA	501(c)(3)	11a	SUTTER SSR
SUTTER DELTA MEDICAL CENTER 3901 LONE TREE WAY ANTIOCH, CA 94509 94-1552887	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
SUTTER EAST BAY MEDICAL FOUNDATION 3687 MT DIABLO BLVD 200 LAFAYETTE, CA 94549 94-2690615	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
SUTTER GOULD MEDICAL FOUNDATION 600 COFFEE ROAD MODESTO, CA 95355 94-1682256	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
SUTTER HEALTH 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2788907	SUPPORTING OR	CA	501(c)(3)	11c	NA
SUTTER HEALTH PACIFIC 91-2301 FT WEAVER RD EWA BEACH HI, HI 96706 99-0298651	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
SUTTER HEALTH SACRAMENTO SIERRA REGION 2800 L STREET 7TH FLOOR SACRAMENTO, CA 95816 94-1156621	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH

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SUTTER INSURANCE SERVICES CORPORATION  745 FORT STREET SUITE 800 HONOLULU HI, CA96813 99-0289310	INSURANCE SER	HI	501(c)(3)	11b	SUTTER HLTH
SUTTER LAKESIDE HOSPITAL  5176 HILL ROAD EAST LAKEPORT, CA95453 94-1628356	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
SUTTER MARIN  180 ROWLAND WAY NOVATO, CA94945 51-0206463	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
SUTTER MATERNITY SURGERY CTR SANTA CRUZ  2900 CHANTICLEER AVE SANTA CRUZ, CA95065 68-0279954	HOSPITAL	CA	501(c)(3)	3	PAMF
SUTTER MEDICAL CENTER FOUNDATION  20130 LAKE CHABOT RD 103 CASTRO VALLEY, CA94546 94-2788906	FUNDRAISING	CA	501(c)(3)	7	SUTTER HLTH
SUTTER MEDICAL CENTER OF CASTRO VALLY  2800 L STREET 620 SACRAMENTO, CA95816 77-0146047	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
SUTTER MEDICAL CENTER OF SANTA ROSA  3325 CHANATE RD SANTA ROSA, CA95404 68-0374805	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
SUTTER MEDICAL FOUNDATION  2800 L STREET 7TH FLOOR SACRAMENTO, CA95816 68-0273974	HEALTH CARE	CA	501(c)(3)	11b	SUTTER HLTH
SUTTER NORTH MEDICAL FOUNDATION  969 PLUMAS STREET 205 YUBA CITY, CA95991 94-1080019	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
SUTTER REGIONAL MEDICAL FOUNDATION  2720 LOW COURT FAIRFIELD, CA94534 20-0078199	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
SUTTER ROSEVILLE MEDICAL CTR FOUNDATION  ONE MEDICAL PLAZA ROSEVILLE, CA95661 68-0040113	FUNDRAISING	CA	501(c)(3)	11a	SUTTER SSR
SUTTER SOLANO CHARITABLE FOUNDATION  300 HOSPITAL DRIVE VALLEJO, CA94589 94-2668262	FUNDRAISING	CA	501(c)(3)	11a	SUTTER SOLAN
SUTTER SOLANO MEDICAL CENTER  300 HOSPITAL DRIVE VALLEJO, CA94589 94-1241942	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
SUTTER TRACY COMMUNITY HOSPITAL  1420 N TRACY BLVD TRACY, CA95376 94-1196220	HOSPITAL	CA	501(c)(3)	3	SUTTER HLTH
SUTTER VISITING NURSE ASSOC AND HOSPICE  1900 POWELL ST 300 EMERYVILLE, CA94608 94-6068843	HEALTH CARE	CA	501(c)(3)	9	SUTTER HLTH
SUTTER VNA AND HOSPICE FOUNDATION  1900 POWELL ST 300 EMERYVILLE, CA94608 94-2607708	FUNDRAISING	CA	501(c)(3)	9	SUTTER VNA
TRACY HOSPITAL FOUNDATION  1420 N TRACY BLVD TRACY, CA95376 68-0318845	FUNDRAISING	CA	501(c)(3)	11a	SUTTER TRACY